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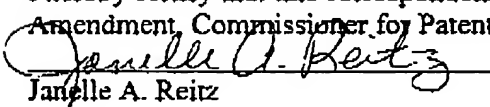
Comments

RE Patent Application No. 10/696,894
Filing Date October 30, 2003
Inventor Gary W Ramsden
Title Automated Package Shipping Machine
Confirmation No.: 9250

Please file the attached.
Transmittal Form (1p.)
Fee Transmittal (1p.)
Patent Application Fee Determination Record (1p.)
Amendment (17 pp.)
Four (4) Terminal Disclaimers (4 pp.)

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Doc # CH101 (331235-00021) 0020413v1.03/08/2005/TJL:K-13-20

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10696,894
	Filing Date	October 30, 2003
	First Named Inventor	Gary W. Ramsden
	Art Unit	3629
	Examiner Name	Cosmano, Edward R
Total Number of Pages in This Submission	Attorney Docket Number	331235-00021

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (4) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Patent Application Fee Determination Record
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Karen Muchin Zavis Rosenman	
Signature	<i>John S. Panigrahy</i>	
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